

Candidate Intention Statement

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|--------------------------------------------|---------------------|
| RECEIVED MAY 26 2020 CITY OF LINCOLN | Date Stamp |
| | CALIFORNIA FORM 501 |
| For Official Use Only | |

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

| | | | |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------|---------------------------------------------------------|
| NAME OF CANDIDATE (Last, First Middle Initial) | DAYTIME TELEPHONE NUMBER | FAX NUMBER (optional) | EMAIL (optional) |
| Lauritsen, William | ([REDACTED]) | ([REDACTED]) | [REDACTED] |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| [REDACTED] | Lincoln | CA | 95648 |
| OFFICE SOUGHT (POSITION TITLE) | AGENCY NAME | DISTRICT NUMBER, if applicable. | <input checked="" type="checkbox"/> NON-PARTISAN OFFICE |
| City Council Member | | 4 | |
| OFFICE JURISDICTION | PARTY PREFERENCE: | | |
| <input type="checkbox"/> State (Complete Part 2.) | (Check one box, if applicable.) | | |
| <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ | <input checked="" type="checkbox"/> PRIMARY / GENERAL | | |
| (Name of Multi-County Jurisdiction) | 2020 (Year of Election) <input type="checkbox"/> SPECIAL / RUNOFF | | |

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 05/08/2020
(month, day, year)

Signature [REDACTED]
(Candidate)

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov